

EXHIBIT E
CHANGE ORDER SCHEDULE

Change Order Schedule Number: _____

Date of this Change Order Schedule: _____

Contracting Parties: State of Georgia, Department of Community Health

Date of the original agreement (the “**Agreement**”): _____

CHANGE ORDER SERVICES REQUESTED: (One request per form.)

COST OF CHANGE ORDER SERVICES: (Set forth a flat fee or a blended hourly rate and estimated man-hours to complete.)

The Parties acknowledge and agree that by executing this Change Order Schedule in the space provided below the Agreement is amended, and this Change Order Schedule shall be deemed to be part of the Agreement and shall be governed by the terms and conditions of the Agreement.

Executed on behalf of the Parties, as of the date first written above.

CONTRACTOR

DEPARTMENT OF COMMUNITY HEALTH

By:_____

By:_____

Name:_____

Name:_____

Title:_____

Title: DCH Project Director

Reviewed and acknowledged by:

BOARD OF REGENTS

By:_____

Name:_____

Title:_____